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NUMBER OF PAGES INCLUDING THIS COVER SHEET: 24**FROM:** Randall K. McCarthy, Registration No. 39,297**TO:** Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

| ADDRESSEE/ORGANIZATION | FAX NO. | TELEPHONE NO. |
|------------------------|--------------|---------------|
| Art Group 3643 | 571/273-8300 | 866/217-9197 |
| | | |

RE: Application No. 10/664,259
In re application of: Thomas L. Byers
Dkt. No.: OKC00085

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PATENT
Dkt. OKC00085**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: **Thomas L. Byers**
Application No.: **10/664,259** Group No.: **3643**
Filed: **September 17, 2003** Examiner: **A. Valenti**
For: **MODULAR ANIMAL ENCLOSURE**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$510.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

TRANSMISSION
☒ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Date: August 17, 2006
Signature

Randall K. McCarthy

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | | | |
|--|---|--------------------------------------|------------------|---------------------|---------------|------|--|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | | |
| TOTAL | 30 | - 30 | = 0 | x \$ 25.00 | = \$ | 0.00 | |
| INDEP. | 6 | - 6 | = 0 | x \$ 100.00 | = \$ | 0.00 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | + \$ 0.00 | = \$ | 0.00 | |
| | | | | TOTAL ADDIT. FEE | \$ | 0.00 | |

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$510.00 to Credit card as shown on the attached credit card information authorization form PTO-2038.

Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 06-0540.

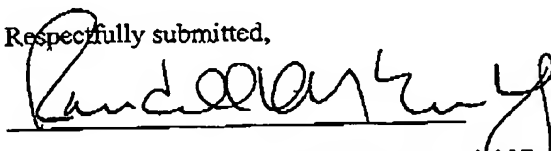
FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 06-0540.
If an additional fee for claims is required, charge Account No. 06-0540.

Respectfully submitted,

Date:

8/17/06



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